

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6	1					
7		1				
8		1				
9	1					
10		1				
11		1				
12		1				
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50						
TOTAL IND.	3		↓		↓	
TOTAL DEP.	10	←	←	↓	←	↓
TOTAL CLAIMS	13					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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100								
TOTAL IND.			↓		↓			
TOTAL DEP.		←	←	↓	←	↓		
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**BEST AVAILABLE COPY**